U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
	Rec appl
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/074		2. Fiscal Year Covered From:		
,, ,		1 / 1. / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.		Name, file number, and address of labor organization.		
Name Edison Se	verinc	Name Laborers Local 78		
		Labor Organization File Number 000-078 546382		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 720 Commwall Avenue		Street 30 Cliff Street 6th Floor		
City Teaneck		City New York		
State New York	ZIP Code + 4 07666	State New York ZIP Code + 4 10038		
5. Position in labor organization. Busines	ss Manager			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans monetary value from an employer whose employees your o	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Chris Columbia	07/07/2004
Trade Name, if any: GNY Lecet	Had lunch at a restaurant to discuss ways that Lecet can help the Local Union and the signatory contractors
P.O. Box, Bldg., Room No., if any Suite 1100	
Street 266 West 37th Street	7.b. Amount.
City New York:	\$39
State New York ZIP Code + 4 10018	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

	Date	Telephone Number				
Signed Signed	On 08/12/2005	212-227-4803				
undersigned's kn <u>cwledg</u> e and belief, true correct, and complete. (See the section on penalties in the instructions.)						
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the						

Name of Person Filing Edison Severino	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization b. Trust			
Trade Name, if any:				
P.O. Box, Bldg., Rcom No., if any	c. Employer			
Street	C. Employer			
City				
State ZIP Coce + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest hel	d or income received.		
State ZIP Code + 4				
	12.b. Amount.	19-14		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Frank Aiello	07/07/2004 Had lunch at a re	staurant to discuss ratio		
Trade Name, if any: LVI Environmental Services Inc.	problems on some			
P.O. Box, Bldg., Room No., if any				
Street 462 Getty Avenue				
City Clifton				
State New Jersey ZiP Code + 4 07011				
13.b. Is the Business an Employer or Consultant?	14,b. Amount of payment.		\$43	
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U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 200210

RE: Form LM-30 Filling for Edison Severing, Laborers Local 78

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have n knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefits funds. My understand is that the Department's guidance to date on LM-30 reporting is still changing and reminds uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have neither documentary record nor any present specific recollection. In accordance with your guidance, it is my understandings that, in that circumstance, I am not require taking any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance form the lawfully reported benefits that I received in 2004.

Sincerely.

Edison Severino